

November 3, 2003

Members, Physical Therapists Affiliated Credentialing Board  
c/o Tom Ryan, Administrator  
WI Department of Regulation & Licensing  
1400 E. Washington Avenue, Room 179A  
Madison, WI 53708

Re: CR 03-020

Dear Board Member:

On behalf of the physical therapists, physical therapy assistants and physical therapy aides at Aurora Health Care, I want to thank PTACB members for your dedication and hard work on the proposed changes to CR 03-020. I also want to express our appreciation for allowing us to provide you with input on the proposed changes and the impact they will have on the physical therapy services that are provided at Aurora Health Care.

As you may know, the WI Physical Therapy Association is suggesting a set of changes to the PTACB's proposed rule changes. It is my understanding that WPTA's suggested changes may be reviewed and discussed by PTACB members at your meeting on November 4, 2003.

Many of the changes recently suggested by the WPTA are the result of an October 2<sup>nd</sup> meeting that was held by physical therapists and rehabilitation managers from Aurora Health Care and Froedtert Community Health, Inc. with Michele Thorman, WPTA President, and Sue Griffin, WPTA Vice President to discuss the concerns that hospital-based PTs have with the PTACB's proposed rule changes.

This meeting was held at the recommendation of Representative Gregg Underheim, Chairman of the Assembly Health Committee, who suggested that the hospital-based physical therapists work with WPTA and PTACB members to resolve their concerns. And, as you know, members of the Senate Health Committee voted to request modifications to the proposed rule changes to CR 03-020 and has asked the Department of Regulation and Licensing to work with the Senate Health Committee on these modifications.

While a number of concerns were discussed at the October 2<sup>nd</sup> meeting, chief among them is the restrictive language that has been proposed for the tasks that PT aides are allowed to perform under the supervision of a physical therapist. (See SECTION 20. PT 5.02 relating to direct supervision of physical therapy aides; and, SECTION 2. PT 1.02 (6) relating to the definition of physical therapy aide.) **A strong argument can be made that by prohibiting physical therapists from selectively delegating portions of therapeutic intervention to their aides, the proposed changes actually reduce the**

**autonomy of a PT to make decisions regarding the care and rehabilitation of their patients.**

Many of the suggested edits to the proposed rule changes that WPTA is now requesting are a direct response to the discussion that took place on October 2<sup>nd</sup>. While Aurora's PTs support many of these changes, the WPTA has clearly ignored their request to include language that would allow for selective delegation of therapeutic interventions. (See WPTA's suggested edits for PT 5.02 (6) renumbered as PT 5.02 (1).)

**It is crucial to the field of physical therapy that aides be allowed to provide therapeutic interventions under the direct supervision of physical therapists or physical therapy assistants. Prohibiting aides from performing interventions will require hospitals to hire additional PTs and PTAs. This will add to health care costs at a time when hospitals are implementing measures to reduce costs and operate more efficiently.**

On behalf of the vast majority of Aurora's nearly 300 PTs and PT assistants, I urge Board members to revise the proposed changes to CR 03-020 to allow aides to provide therapeutic interventions. We are grateful that Barb Flaherty, PTACB Chair, has responded positively to the Senate Health Committee's request to consider further modifications to the proposed changes to CR 03-020 by agreeing to work with Health Committee members. Hopefully, this will allow all of us time for meaningful consideration of the concerns we have raised and possible mutually agreeable solutions. Aurora's PTs are ready and willing to work with you at your earliest convenience to suggest the appropriate language that would resolve this issue.

Thank you for your time and consideration. I can be contacted at (414) 647-6390, if you have any questions or require additional information.

Sincerely,

Laurie Kuiper  
Director of Government Relations  
Aurora Health Care

CC: Secretary Donsia Strong Hill  
Senator Carol Roessler, Chair, Senate Health Committee  
Representative Gregg Underheim, Chair, Assembly Health Committee



To: All Legislators

Fr: Wisconsin Athletic Trainers Association

Re: CR 03-020

Date: November 12, 2003

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A proposed change in CR 03-020, would result in the loss of Licensed Athletic Trainer (LAT) jobs in many clinical settings.

The restrictive language in CR 03-020 would not allow LATs, under the direction of a physician, to provide for therapeutic intervention (something they are already doing) and would result in a loss of their jobs because the Rule would only allow physical therapists to provide therapeutic intervention. The proposed change will also add to escalating health care costs by prohibiting LATs from performing therapeutic intervention and require hospitals to hire more physical therapists and PT aides.

The Senate Health Committee sent the Rule back to the PTACB for germane modifications which were rejected by the PTACB. We need your help to make the change to the Rule or we risk the loss of qualified LATs in the clinical setting.

We are asking that LATs not be excluded from performing therapeutic intervention while under the direction of a physician, which would allow them to keep their jobs. A simple change in the Rule to continue to allow LATs to provide therapeutic interventions would resolve the problem. Thank you for consideration of this request.

*PT can do initial evaluation  
rule not as modified*

*PT -  
Rule w*

*agree  
w/ PTs  
wants  
to practice  
athletic  
training  
- no  
all*

"We Provide Active Care for Active People"

## ***Who Are Wisconsin's Licensed Athletic Trainers?***



LAT's are licensed healthcare professionals who specialize in the prevention, evaluation, and rehabilitation of injuries to athletes and those engaged in physical activity.

## ***Where Are Wisconsin's Licensed Athletic Trainers Employed?***




LAT's work with: secondary school interscholastic athletic programs, intercollegiate athletic programs, professional athletic teams, corporate health programs, sports medicine clinics, physicians' offices, health clubs, and industrial health programs

## ***What are Wisconsinites Saying About Licensed Athletic Trainers?***

*I have utilized a variety of allied health care professionals to assist me in treating my patients. I have found the LAT's that I work with, to be invaluable because of their relationships with their patients, athletes, parents, coaches, employers, and physicians... LAT's have a great breadth of knowledge and experience in assessing, managing, and rehabilitating athletic, recreational, and occupational injuries. They have an extensive knowledge in anatomy and physiology, rehabilitation, nutrition, ergonomics, physical and mental stresses, training techniques, activity modification, coaching, and counseling techniques. They are readily available to my patients in a variety of settings including, but are not limited to, the clinic-based physician extender role, hospitals, independent physical therapy units, high schools, colleges/universities, corporations, and professional sports teams. The combination of LATs' education, training, experiences, and availability to patients make them extremely valuable and a very cost effective means to treat patients. Due to the LATs' vast experience and education in dealing with rehabilitation techniques to assist a safe and quick return to normal function, I am encouraging my patients to take advantage of LAT services in all the settings.*

*James A. Shapiro, MD*



*"Our company has had a Licensed Athletic Trainer on site since 2000 and since that time we have recognized the tremendous upside in the tangible and intangible benefits of this addition, including a savings of more than \$245,000 in just 2002 alone in health care-related expenditures. We have also experienced a decrease of 72% for health care costs related to the low back and 30% decrease overall. Additionally, our days away from work have decreased by 60% in the last 3 years. In the industrial setting these results can be best accomplished by an individual with the medical knowledge and training of a Licensed Athletic Trainer. We wouldn't have it any other way and will continue this program for the long term."*

*Dr. James E. Marotz, Corporate Medical Director at Appleton Papers;  
Appleton, WI.*

*"My son is now a junior at Memorial High School. Last spring during cross-country practice he approached the school's Licensed Athletic Trainer with a range of motion limitation in his right leg. Although a problem wasn't readily apparent with the knee joint, the LAT recommended that my son have an X-ray. The follow-up x-ray confirmed a growth on the femur behind the knee. A biopsy was subsequently performed and the growth was confirmed as a cancer. On June 6<sup>th</sup> my son underwent surgery to remove a cancerous growth approximately the size of two golf balls placed side by side. The void left by the removal of the cancer was successfully reconstructed with a cadaver bone graft.*

*A recent doctors check-up indicated that the bone graft seems to be healing quite well with no signs of the cancer spreading to other parts of his body.*

*Currently, he is attending regular therapy sessions, which will require months to a year before an assessment can be made as to how complete the knee will recover. Regardless of the degree of recovery of the knee the doctor predicts that my son should expect to live a normal life span.*

*I feel that my son's current positive prognosis is in part due to the Licensed Athletic Trainer's involvement. Had this individual not assessed my son's complaint, followed through on his limitations and referred him to his physician, it is unknown how many more weeks or months would have passed before he would have approached his mother or me. Catching his cancer early was important and contributed to his positive outcome. I thought it appropriate to make you aware of the Athletic Trainer's commitment, excellent follow-through, and potentially life saving deed."*

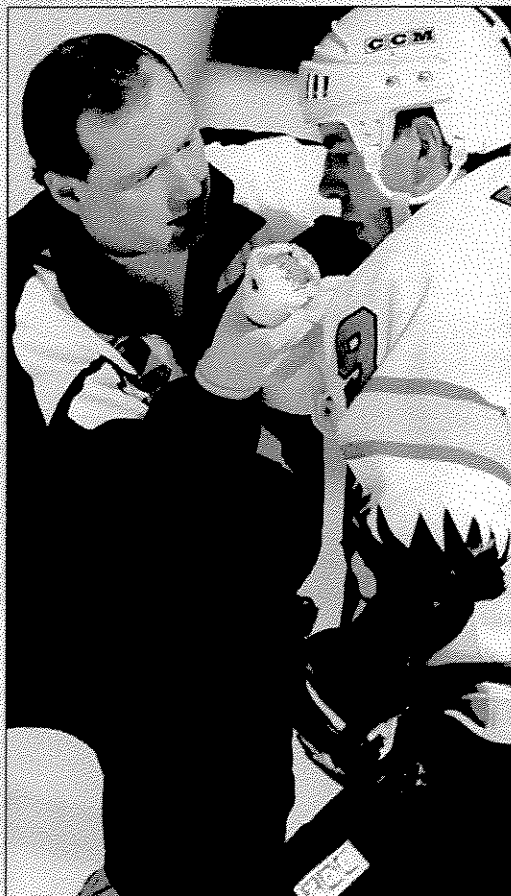
*-Parent of a Wisconsin Student Athlete-*

**Wisconsin's Licensed Athletic Trainers- We provide Active Care For Active People**

# ATHLETIC TRAINERS

Health Care For The Physically Active

- Certified athletic trainers are health care professionals who specialize in the prevention, evaluation and rehabilitation of injuries to athletes and those engaged in physical activity. Athletic trainers administer emergency care for acute sports injuries and rehabilitate chronic injuries.
- Certified athletic trainers contribute to a cost-effective health care system by emphasizing injury prevention and injury evaluations that prevent unnecessary trips to emergency rooms and unnecessary x-rays. Through aggressive rehabilitation, they focus on restoring patients' good health and ability to participate.
- Certified athletic trainers work with: secondary school interscholastic athletic programs, intercollegiate athletic programs, professional athletic teams, corporate health programs, sports medicine clinics, physicians' offices, health clubs and industrial health programs.



- The National Athletic Trainers' Association, Inc. (NATA) is the largest organization representing athletic trainers. NATA Board of Certification certified athletic trainers have met educational and experiential requirements and have passed a competency examination. Certified athletic trainers use the credentials ATC.
- Athletic training is an allied health care profession recognized by the American Medical Association. Athletic training programs are accredited by the AMA's Commission on Accreditation of Allied Health Education Programs. Programs include courses in orthopedic evaluation, immediate care, therapeutic exercise, injury prevention/risk management and therapeutic modalities, among others.
- Certified athletic trainers practice the art and science of athletic training under the direction of a licensed physician.



# CERTIFIED ATHLETIC TRAINERS

## Unique Health Care Providers



### Certified Athletic Trainers Provide Health Care for the Physically Active

- Athletic trainers are nationally certified through the NATA Board of Certification.
- NATABOC-certified athletic trainers provide injury assessment and rehabilitation services to athletes and those engaged in physical activity.
- Athletic training was recognized by the American Medical Association in 1990 as an Allied Health Profession.
- Athletic training preparatory educational domains emphasize rehabilitation.
- Athletic trainers have a long history of providing high-quality rehabilitation based on the specific tasks, knowledge and skills acquired through their nationally-regulated educational processes.
- NATABOC-certified athletic trainers may bill for rehabilitation services using the AMA's CPT Codes.

### Certified Athletic Trainers are Cost Effective

- NATABOC-certified athletic trainers obtain the same or better outcomes at a significantly lower cost than other allied health professionals.
- NATABOC-certified athletic trainers utilize advanced behavior management and motivational strategies to maximize long term recovery and reduce recurring treatment costs.

- Athletic training intervention significantly reduces re-injury rates and outcomes data shows that quick intervention, typical of ATCs, reduces time loss from non-surgical injuries.

### Certified Athletic Trainers Produce Results

Outcomes data from a nationwide study show that:

- Athletic training methodology is effective in treating musculoskeletal injuries at all body locations.
- Athletic training methods produce excellent overall outcomes, with the best results in functional outcomes returning individuals quickly to their pre-injury status.
- Athletic training methods are extremely effective in significantly improving work-related disorders.
- Patient satisfaction ratings are above 96 percent when treatment is provided by certified athletic trainers.
- Rehabilitation provided by certified athletic trainers significantly improves the functional status of patients following reconstructive surgery of major joints.

For more information on obtaining athletic training services, contact the National Athletic Trainers' Association:

**Phone:** 1.800.879.6282

**Fax:** 1.214.637.2206

**Web site:** <http://www.nata.org>



NATA

2952 Stemmons Freeway • Dallas, Texas 75247

Jeff Barnes -  
Amora 694 S. Main,  
921-6587

PT's - See  
Athletic Training

Medicare.

BC/B shield

currently -

PT's want athletic trainers here

achilles + an davis.

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Julie Zueligen

Osh North

20th AVE

affinity

Tips

Tasha Tjark's

affinity

**Barnes, Jeffrey**  
510 W Division St  
Fond Du Lac, WI 54935-3125

Home: (920) 921-6587  
Office: (920) 456-7100

Email - Work: jeff.barnes@aurora.org

**Contact Date:** 11/13/2003

**Contact Type:** E-mail

**Summary:** Athletic Trainers and rules change

**Issue:**

**Position:**

**Description:** -----Original Message-----

From: jeff.barnes@aurora.org [mailto:jeff.barnes@aurora.org]

Sent: Thursday, November 13, 2003 2:08 PM

To: sen.roessler@legis.state.wi.us

Subject: Athletic Trainers and rules change regarding physical therapy

Dear Senator Roessler,

Thank you for meeting with me yesterday, Wednesday, November 12th. I appreciate the time you were able to spend with me regarding the proposed change in CR 03-020. As the change in the rule is currently written, it is going to restrict the trade of licensed athletic trainers and deny patients access to our services. It is written so as it would not allow an LAT to provide therapeutic intervention with patients even though we are currently doing this. If you have any further questions, please feel free to contact me.

Also, I forgot to mention that I heard you on Wisconsin Public Radio while I was driving down to Madison - discussing recommended changes in the law regarding the selection of the Lieutenant Governor. You definitely have your hands full.

Take Care!

Jeff Barnes, LAT, CSCS  
Licensed Athletic Trainer  
Certified Strength and Conditioning Specialist  
Work:  
(920) 456-7100

Home:  
(920) 921-6587

**Status:** Pending

**Closed Date:**

**Assigned:** Halbur, Jennifer

**Owner:** Halbur, Jennifer

**Note**

**Note Date:**

**Summary:**

**Halbur, Jennifer**

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**From:** Seaquist, Sara  
**Sent:** Friday, November 14, 2003 4:00 PM  
**To:** Halbur, Jennifer  
**Subject:** FW: CR 03-020 re: licensing of physical therapists...

-----Original Message-----

**From:** Rep.Underheim  
**Sent:** Friday, November 14, 2003 2:54 PM  
**To:** Sen.Roessler; Halbur, Jennifer; Anderson, John; Becher, Scott; Cady, Dean; Coe, Dagny; Eiting, Jill; Eng, Peter; Hoey, Joseph; Janssen, Andy; Kramer, Aaron; Kuhn, Jamie; Levin, Jeremy; Little, Sharon; Loomans, Scott; Lush, Johnna; Lush2, Johnna; Machtan, Ken; Mathy, Michael; Osterberg, Sarah; Pluta, Mary; Potts, Andrew; Reinemann, John; Rep.Colon; Rep.Gielow; Rep.Huber; Rep.Hundertmark; Rep.Johnsrud; Rep.Krawczyk; Rep.Krug; Rep.Miller; Rep.Montgomery; Rep.Olsen; Rep.Seratti; Rep.Shilling; Rep.Underheim; Rep.Vruwink; Rep.Vukmir; Rep.Wasserman; Rep.Wieckert; Rinehart, Mark; Rostan, Jason; Smyrski, Rose; Sweet, Richard; Thorson, Randy; Walter, Karla; Williams, Vincent; Wischniewski, Marne; Zehren, David; Zehren2, David  
**Cc:** 'mike.hert@aurora.org'; 'mmettner@broydrick.com'; 'ron@tenuta-hermes.com'; 'laurie.kuiper@aurora.org'; Strong Hill, Donsia; Klein, Christopher  
**Subject:** CR 03-020 re: licensing of physical therapists...

Dear Assembly Health Committee Members,

The attached letter was sent today to the Chair of the Physical Therapists Affiliated Credentialing Board. Please call if you have any questions.

Gregg



PT Letter 11-14.doc

No hard copy will follow.

*Need to share w/ ck . 11-14*

November 14, 2003

Ms. Barbara Flaherty  
Chair, Physical Therapists Affiliated Credentialing Board  
WI Department of Regulation & Licensing  
1400 E. Washington Avenue, Room 179A  
Madison, WI 53703

Re: Clearinghouse Rule 03-020

Dear Chairwoman Flaherty:

I am writing to express my concern that the germane modification the PTACB is forwarding to my Committee does not address what I believe to be a problem with Clearinghouse Rule 03-020. As you and I both know, late last month, the Senate Health Committee voted to return this rule to the Board for further modification. I understand the Board acted to approve the Wisconsin Physical Therapist Association (WPTA) suggested modifications, but refused to modify the portion of the rule that prohibits the delegation of therapeutic interventions under direct supervision of a physical therapist. (Specifically I am referring to the last clause of section 5.02 (1)).

I believe prohibiting physical therapists from selectively delegating portions of therapeutic intervention to their aides unnecessarily reduces the authority and autonomy of a physical therapist to make decisions regarding the care and rehabilitation of their patients. It also artificially restricts aides from tasks they have been qualified to perform for decades.

Prohibiting aides from performing tasks they currently perform (and have been performing for years) will require facilities to hire additional physical therapists and physical therapist assistants at higher cost and force facilities to no longer employ aides. This will add to health care costs at a time when we are asking the health care community to operate more efficiently.

As I understand it, currently (and for decades), physical therapy aides have performed the following therapeutic interventions under direct supervision when a physical therapist determines it is consistent with a particular aide's education, training and experience:

1. Ultrasounds (The physical therapist sets the duty cycle, intensity and the time length; the aide completes the procedure in an area determined by the physical therapist)
2. Hot Packs
3. Cold Packs

4. Iontophoresis (the physical therapist determines the dosage of antiinflammatory medication, sets the amount of current, and location of the electrode placement; the aide under direct supervision administers)
5. Interferential Current (to control muscle spasm, pain; the physical therapist sets the amount of current and amount of time and monitors patient response; the aide under direct supervision administers)
6. Gait Activities (Aide provides ambulation guiding for safety measures; physical therapist prescribes and aide monitors low level balance exercises, weight shift exercises)
7. Therapeutic Exercise Programs (physical therapist determines, assesses and modifies the exercise program, parts of the program are monitored by aides)
8. Hydrotherapy (physical therapist will determine water temperature, length of time and exercises; aide will assist patient with hydrotherapy)

As I mentioned above, I understand that physical therapists would not delegate all of these to every aide, but rather, the licensed physical therapist makes a decision about delegation based on each aide's education, training, competence and experience at a particular site. Indeed, I understand *some* of the aides in practice settings are also licensed athletic trainers who may perform many of these procedures on their own, outside of the physical therapy setting.

I am not aware of complaints that over the years physical therapists have delegated to aides improperly. In fact I have heard of sites with 20-30 year histories of utilizing aides in the above manner and having no safety issues and the highest in patient and physician satisfaction outcomes. At your earliest convenience, but no later than November 20, please provide me with an explanation as to why physical therapist aides should no longer be able to perform each of the above tasks under direct supervision of a physical therapist.

Thank you for your attention to this matter.

Sincerely,

Gregg Underheim  
Chair, Assembly Health Committee

cc: Secretary Donsia Strong Hill  
Senator Carol Roessler, Chair Senate Health Committee  
Members of the Senate and Assembly Health Committees

State Senator  
Carol Roessler



Memorandum

TO: Carol  
FROM: Jennifer  
DATE: November 14, 2003  
SUBJECT: CR 03-020 relating to licensing of  
physical therapists.

\* Hearing Sch. for 11-24-03 (next Monday)

### Brief History

- The Senate Committee on Health, Children, Aging and Long Term Care voted 9-0 to request that the Department of Regulation and Licensing make modifications to CR 03-020, relating to licensing of physical therapists.
- The Committee voted this way with the understanding that Physical Therapists from Aurora and Froedtert Hospitals would work with the WI. PT Association and the Department to modify the sections of the rule relating to (a) supervision of physical therapy aides and (b) the definition of physical therapy aides.
- Following the Committee vote, the WI PT Association made the determination that they are in support of the way the rule is currently written and does not want to work to make substantive changes. The Association did submit germane modifications to the Physical Therapist ~~Examining~~ <sup>Credentialing</sup> Board. Those changes were adopted by the Board.
- Given the unwillingness of the two groups of PT's to work together with the Department on a compromise, the Committee will hear both sides of the issue at a public hearing on November 24<sup>th</sup>.

### November 12, 2003 Meeting

I met with the following people:

Michele Mettner of Broyderick and Associates

Deb Yahr a Physical Therapist at Aurora

Ray Baur a Physical Therapist at Aurora

Laurie Kuiper, Director of Government Relations at Aurora

- A physical therapy aide can be an Athletic Trainer (who has at least a bachelor degree) or someone who does not have a degree but completed the hospital's physical therapy aide training program.
- A physical therapist knows the education and training level of the physical therapy aide under their direction and directs them to perform tasks within the aide's scope of practice/education.
- The Physical Therapist is responsible for the actions of the aide working for him/her. The idea is that the PT will not delegate a task that is outside of the aide's scope of practice or education because the PT could lose his/her license if a patient is put at risk.
- Current law requires that a PT must have direct contact with all patients before delegation.

Voice: 608-266-5300

Fax: 608-266-0463

- **This group opposes PT 5.02 (6) (as modified)**
  - This section states that a Physical Therapist must do the following in providing direct supervision of physical therapists: "Interpret referrals and perform patient examinations, evaluation, diagnosis, prognosis and therapeutic intervention and defined in s. 448.50(6), Stats."
  - This means that the physical therapy aide, cannot perform therapeutic intervention.
- The group argues that Athletic Trainers are individuals that have college educations and are highly trained and are fully capable of working under a PT. They are trained to treat ankle and neck injuries etc.
- Disallowing Athletic Trainers to perform tasks delegated by PT's will cost more money because PT Assistants will have to carry out the directives.
- Why should a PT with a master's degree spend his time performing an ultrasound when a PT aide is fully capable of carrying out this action?

#### Meeting with Jeff Barnes on November 12, 2003

- Jeff is an Athletic Trainer with Aurora who met with you and I.
- He is opposed to the rule because he would not be able to work under PT's anymore.
- Currently, insurance companies typically do not cover services provided by Athletic Trainers. However, PT services are covered.
- Jeff argues that his services as an Athletic Trainer are costly and unaffordable when not covered by insurance. It is critical that Athletic Trainers be able to work under PT's as long as insurance companies continue to refuse to pay for Athletic Trainer services.

#### Conversation with Ron Hermes, WI PT Association: November, 12, 2003

- WPTA supports rule as is.
- Ron argued that Athletic Trainers should have to work with the insurance industry to get insurance companies to cover their services.
- It is not fair for insurance companies to be billed for PT services when the patient did not receive PT services. The patient received services from an Athletic Trainer.
- **Representative Underheim is having a meeting with the WI PT Association and Dick Sweet on Tues. November 18<sup>th</sup> at 12:00 to discuss concerns. I am also going to attend the meeting.**

\* Attached is the letter from DRL with the most recent modifications and correspondence the PT Credentialing Bd received.

\* Also attached: Letter from Rep. Underheim to Barbara Flaherty

Jim Doyle  
Governor

WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING



Donsia Strong Hill  
Secretary

1400 E Washington Ave  
PO Box 8935  
Madison WI 53708-8935  
Email: web@drl.state.wi.us  
Voice: 608-266-2112  
FAX: 608-267-0644  
TTY: 608-267-2416

November 17, 2003

NOV 17 2003

The Honorable Carol Roessler  
Chair, Senate Health Committee  
Room 8 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Roessler:

The Wisconsin Physical Therapists Affiliated Credentialing Board met on November 4 to consider modifications to CR 03-020, relating to the licensing of physical therapists and physical therapist assistants, specifically Section 20 PT 5.02, relating to direct supervision of physical therapy aides, and Section 2 PT 1.02 (6), relating to the definition of physical therapy aide.

The Board reviewed written comment from Ms. Laurie Kuiper, Aurora Health Care Director of Government Relations, Karen A. Schultz, MSPT, Aurora Medical Center, and an anonymous physical therapist from Aurora Health Care. These comments are attached. In addition, two representatives from the Wisconsin Physical Therapy Association (WPTA) and a representative for Aurora Health Care appeared to address the Board.

The WPTA provided the Board with a draft of suggested amendments to the rule. The Board accepted the modifications by motion, after deleting the word "initial" from PT 5.02 (6). The modifications have the effect of deleting certain enumerated duties from the definition of "Physical therapy aide" in PT 1.02 (6), defines "patient related tasks," and inserts the deleted duties in PT 5.02 (6) and (7). The amendments are also attached.

Unfortunately, the Board was unable to resolve the apparent impasse between the WPTA and Aurora Health Care with respect to the duties a physical therapy aide may perform and the supervisory requirements that apply in the performance of those duties.

We appreciate the opportunity to work with the Senate Committee on Health, Children, Families, Aging and Long Term Care and we appreciate your interest in our profession.

Sincerely,

*Barbara Flaherty, PT*  
Barbara Flaherty, PT

Chair, Physical Therapists Affiliated Credentialing Board

c: Secretary Donsia Strong Hill, Department of Regulation and Licensing

Attachments

### ATTACHMENT III

To Whom It May Concern:

I am a physical therapist with Aurora Health Care. I would like to convey my thoughts and opinions to you regarding the proposed rule to define the role of the physical therapy aide in the new Physical Therapy Practice Act. Although I have always felt that I could share my views on pertinent practice issues to the management of Aurora, I do not feel I can do so in this case since some members of Aurora management have been so instrumental in the lobbying efforts to stop the original proposed wording for the rule. I have been a physical therapist for 17 years and have always prided myself on consistently providing the best quality care that I could for my patients. In regards to the current use of physical therapy aides in some of the Aurora clinics, I have concerns about the quality of care our patients are receiving under the label of physical therapy. I feel that it is our job to protect the public and ensure that only physical therapists provide and bill for physical therapy services. I would like to put forth that the opinions of some of the Aurora Rehab management, whom have already made their views known to the legislators, do not represent that of all Aurora physical therapists. I am in support of the wording, as it was originally proposed by the WPTA and the PTACB, as I believe it is in the best interests of the consumer and will best protect the public. Thank you.

An Aurora Physical Therapist

ATTACHMENT IV

Suggested edits of PTACB Clearinghouse rule 03-020

PT 1.02 (6): "Physical therapy aide" means a person other than a physical therapist or physical therapist assistant who performs patient related tasks under the direct on-premises supervision of the physical therapist. ~~Aides may not provide any services related to physical therapist management of the patient or client, where this management includes physical therapy examination, evaluation, diagnosis, prognosis, and therapeutic intervention as defined in s. 448.50(6), Stats.~~

Note: This would be deleted from this section because the sentence doesn't really define the aide, but describes duties. Description of the duties fits better under Chapter PT 5, which delineates the duties of the physical therapist in providing direct supervision of the aide.

(7) Patient related tasks: Activities which do not require decision making or problem solving.

PT 5.02: Direct supervision of physical therapy aides. ~~Physical therapy aides may perform provide patient related tasks under the direct on-premises supervision of a physical therapist. In providing direct supervision, the physical therapist shall do all of the following:~~

- (1) ~~(2)~~ Have primary responsibility for patient related tasks performed by the physical therapy aide.
- (2) ~~(5)~~ Be available at all times for consultation with the physical therapy aide.
- (3) ~~(6)~~ Observe and monitor those under direct supervision on a daily basis.
- (4) ~~(7)~~ Evaluate the effectiveness of patient related tasks performed by those under direct supervision on a daily basis by observing and monitoring patients for whom the tasks are performed. ~~persons receiving such tasks.~~
- (5) ~~(3)~~ Determine the competence of each physical therapy aide based upon his or her education, training, and experience.
- (6) ~~(1)~~ Interpret referrals and perform patient examination, evaluation and examination, diagnosis, prognosis, and therapeutic intervention as defined in s. 448.50(6), Stats.
- (7) ~~Provide interpretation of objective tests, measurements and other data in developing and revising a physical therapy diagnosis, assessment, and treatment plan~~
- ~~(8)~~ (7) Delegate appropriate patient related tasks to the physical therapy aide consistent with the education training, and experience of the person supervised.
- ~~(9)~~ (8) Limit the number of physical therapy aides providing patient related tasks under direct supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical

Problem area  
This says that PT's must perform therapeutic intervention. This means that PT Aides would no longer be able to.

therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter.

(10)(9) The total number of physical therapist assistants providing physical therapy services and physical therapy aides providing related tasks under supervision may not exceed a combined total of 4. This number shall be reduced by the number of physical therapists and physical therapist assistants holding temporary licenses who are being supervised under sub. PT 3.01 (6).

ATTACHMENT II

Ryan, Thomas - DRL

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From: Austin, Wayne  
Sent: Thursday, October 30, 2003 2:28 PM  
To: Ryan, Thomas - DRL  
Subject: FW: Board Review

I just received this. Sheds a little more light on what they're looking for.

-----Original Message-----

From: karen.schultz@aurora.org [mailto:karen.schultz@aurora.org]  
Sent: Thursday, October 30, 2003 2:21 PM  
To: thorman.mich@uwlax.edu  
Cc: wpta@wpta.org; wayne.austin@drl.state.wi.us; laurie.kuiper@aurora.org  
Subject: Board Review

I just wanted to send a quick message clarifying my position on the proposed changes. I feel it is crucial to our field of physical therapy to allow aides to continue to provide modality interventions under the direct supervision of the physical therapist or assistant. I believe that should include direct therapist or assistant contact with the patient prior to the intervention and therapist or assistant review of modality set-up. With the shortage of physical therapist and assistant staffing in today's market, to not allow the aide to assist would further our problem and increase health care costs. I think that therapy charges are expensive the way it is and if a facility needs to pay the salary of a therapist or assistant vs an aide, costs will have to rise. I think we need to be fiscally minded as well and think about the health care cost crisis of our nation. Thank you for taking my point of view into consideration.

Sincerely,

Karen A. Schultz, MSPT  
Aurora Medical Center -MC  
920-794-5176

ATTACHMENT I

November 3, 2003

Members, Physical Therapists Affiliated Credentialing Board  
c/o Tom Ryan, Administrator  
WI Department of Regulation & Licensing  
1400 E. Washington Avenue, Room 179A  
Madison, WI 53708

Re: CR 03-020

Dear Board Member:

On behalf of the physical therapists, physical therapy assistants and physical therapy aides at Aurora Health Care, I want to thank PTACB members for your dedication and hard work on the proposed changes to CR 03-020. I also want to express our appreciation for allowing us to provide you with input on the proposed changes and the impact they will have on the physical therapy services that are provided at Aurora Health Care.

As you may know, the WI Physical Therapy Association is suggesting a set of changes to the PTACB's proposed rule changes. It is my understanding that WPTA's suggested changes may be reviewed and discussed by PTACB members at your meeting on November 4, 2003.

Many of the changes recently suggested by the WPTA are the result of an October 2<sup>nd</sup> meeting that was held by physical therapists and rehabilitation managers from Aurora Health Care and Froedtert Community Health, Inc. with Michele Thorman, WPTA President, and Sue Griffin, WPTA Vice President to discuss the concerns that hospital-based PTs have with the PTACB's proposed rule changes.

This meeting was held at the recommendation of Representative Gregg Underheim, Chairman of the Assembly Health Committee, who suggested that the hospital-based physical therapists work with WPTA and PTACB members to resolve their concerns. And, as you know, members of the Senate Health Committee voted to request modifications to the proposed rule changes to CR 03-020 and has asked the Department of Regulation and Licensing to work with the Senate Health Committee on these modifications.

While a number of concerns were discussed at the October 2<sup>nd</sup> meeting, chief among them is the restrictive language that has been proposed for the tasks that PT aides are allowed to perform under the supervision of a physical therapist. (See SECTION 20. PT 5.02 relating to direct supervision of physical therapy aides; and, SECTION 2. PT 1.02 (6) relating to the definition of physical therapy aide.) **A strong argument can be made that by prohibiting physical therapists from selectively delegating portions of therapeutic intervention to their aides, the proposed changes actually reduce the**

**autonomy of a PT to make decisions regarding the care and rehabilitation of their patients.**

Many of the suggested edits to the proposed rule changes that WPTA is now requesting are a direct response to the discussion that took place on October 2<sup>nd</sup>. While Aurora's PTs support many of these changes, the WPTA has clearly ignored their request to include language that would allow for selective delegation of therapeutic interventions. (See WPTA's suggested edits for PT 5.02 (6) renumbered as PT 5.02 (1).)

**It is crucial to the field of physical therapy that aides be allowed to provide therapeutic interventions under the direct supervision of physical therapists or physical therapy assistants. Prohibiting aides from performing interventions will require hospitals to hire additional PTs and PTAs. This will add to health care costs at a time when hospitals are implementing measures to reduce costs and operate more efficiently.**

On behalf of the vast majority of Aurora's nearly 300 PTs and PT assistants, I urge Board members to revise the proposed changes to CR 03-020 to allow aides to provide therapeutic interventions. We are grateful that Barb Flaherty, PTACB Chair, has responded positively to the Senate Health Committee's request to consider further modifications to the proposed changes to CR 03-020 by agreeing to work with Health Committee members. Hopefully, this will allow all of us time for meaningful consideration of the concerns we have raised and possible mutually agreeable solutions. Aurora's PTs are ready and willing to work with you at your earliest convenience to suggest the appropriate language that would resolve this issue.

Thank you for your time and consideration. I can be contacted at (414) 647-6390, if you have any questions or require additional information.

Sincerely,

Laurie Kuiper  
Director of Government Relations  
Aurora Health Care

CC: Secretary Donsia Strong Hill  
Senator Carol Roessler, Chair, Senate Health Committee  
Representative Gregg Underheim, Chair, Assembly Health Committee

November 14, 2003

Ms. Barbara Flaherty  
Chair, Physical Therapists Affiliated Credentialing Board  
WI Department of Regulation & Licensing  
1400 E. Washington Avenue, Room 179A  
Madison, WI 53703

Re: Clearinghouse Rule 03-020

Dear Chairwoman Flaherty:

I am writing to express my concern that the germane modification the PTACB is forwarding to my Committee does not address what I believe to be a problem with Clearinghouse Rule 03-020. As you and I both know, late last month, the Senate Health Committee voted to return this rule to the Board for further modification. I understand the Board acted to approve the Wisconsin Physical Therapist Association (WPTA) suggested modifications, but refused to modify the portion of the rule that prohibits the delegation of therapeutic interventions under direct supervision of a physical therapist. (Specifically I am referring to the last clause of section 5.02 (1)).

I believe prohibiting physical therapists from selectively delegating portions of therapeutic intervention to their aides unnecessarily reduces the authority and autonomy of a physical therapist to make decisions regarding the care and rehabilitation of their patients. It also artificially restricts aides from tasks they have been qualified to perform for decades.

Prohibiting aides from performing tasks they currently perform (and have been performing for years) will require facilities to hire additional physical therapists and physical therapist assistants at higher cost and force facilities to no longer employ aides. This will add to health care costs at a time when we are asking the health care community to operate more efficiently.

As I understand it, currently (and for decades), physical therapy aides have performed the following therapeutic interventions under direct supervision when a physical therapist determines it is consistent with a particular aide's education, training and experience:

1. Ultrasounds (The physical therapist sets the duty cycle, intensity and the time length; the aide completes the procedure in an area determined by the physical therapist)
2. Hot Packs
3. Cold Packs

4. Iontophoresis (the physical therapist determines the dosage of antinflammatory medication, sets the amount of current, and location of the electrode placement; the aide under direct supervision administers)
5. Interferential Current (to control muscle spasm, pain; the physical therapist sets the amount of current and amount of time and monitors patient response; the aide under direct supervision administers)
6. Gait Activities (Aide provides ambulation guiding for safety measures; physical therapist prescribes and aide monitors low level balance exercises, weight shift exercises)
7. Therapeutic Exercise Programs (physical therapist determines, assesses and modifies the exercise program, parts of the program are monitored by aides)
8. Hydrotherapy (physical therapist will determine water temperature, length of time and exercises; aide will assist patient with hydrotherapy)

As I mentioned above, I understand that physical therapists would not delegate all of these to every aide, but rather, the licensed physical therapist makes a decision about delegation based on each aide's education, training, competence and experience at a particular site. Indeed, I understand *some* of the aides in practice settings are also licensed athletic trainers who may perform many of these procedures on their own, outside of the physical therapy setting.

I am not aware of complaints that over the years physical therapists have delegated to aides improperly. In fact I have heard of sites with 20-30 year histories of utilizing aides in the above manner and having no safety issues and the highest in patient and physician satisfaction outcomes. At your earliest convenience, but no later than November 20, please provide me with an explanation as to why physical therapist aides should no longer be able to perform each of the above tasks under direct supervision of a physical therapist.

Thank you for your attention to this matter.

Sincerely,

Gregg Underheim  
Chair, Assembly Health Committee

cc: Secretary Donsia Strong Hill  
Senator Carol Roessler, Chair Senate Health Committee  
Members of the Senate and Assembly Health Committees

## Halbur, Jennifer

---

**From:** Michelle Mettner [mmettner@broydrick.com]  
**Sent:** Saturday, November 15, 2003 2:36 PM  
**To:** Halbur, Jennifer  
**Subject:** PT Rule - List of Theapeutic Interventions



Therapeutic  
Intervention.doc

Jennifer:

As we discussed, here is the list of therapeutic interventions that physical therapist aides have been performing under direct supervision of physical therapists, and would be prohibited under the proposed rule.

Michelle

Michelle I. Mettner  
Broydrick & Associates  
44 E. Mifflin, Suite 404  
Madison, WI 53703  
(608) 255-0566 (office)  
(608) 255-4612 (fax)  
(608) 692-8541 (cell)

Under current law, the following tasks (therapeutic interventions) may be delegated to physical therapy aides by physical therapists. The physical therapist may delegate some or none of these tasks depending on, and consistent with, the aides' education, training, experience and skill level. The physical therapist is responsible for the patient's care and the physical therapist's license is at risk if he/she improperly delegates or fails to provide direct supervision.

The proposed Rule change would prohibit the delegation of therapeutic interventions under direct supervision of a physical therapist. This will artificially and unnecessarily inflate the cost of care. **These are all tasks that aides have been performing for decades, without complaint:**

1. Ultrasounds (The physical therapist sets the duty cycle, intensity and the time length; the aide completes the procedure in an area determined by the physical therapist)
2. Hot Packs
3. Cold Packs
4. Iontophoresis (the physical therapist determines the dosage of antiinflammatory medication, sets the amount of current, and location of the electrode placement; the aide under direct supervision administers)
5. Interferential Current (to control muscle spasm, pain; the physical therapist sets the amount of current and amount of time and monitors patient response; the aide under direct supervision administers)
6. Gait Activities (Aide provides ambulation guiding for safety measures; physical therapist prescribes and aide monitors low level balance exercises, weight shift exercises)
7. Therapeutic Exercise Programs (physical therapist determines, assesses and modifies the exercise program, parts of the program are monitored by aides)
8. Hydrotherapy (physical therapist will determine water temperature, length of time and exercises; aide will assist patient with hydrotherapy)

Not all of these could be delegated to every aide; it is clearly based on the licensed physical therapist's determination of each aide's education, training, competence and experience at a particular site.



Aurora Health Care

Aurora Rehabilitation Center  
10400 75th Street  
Kenosha, WI 53142

T (262) 948-7045  
F (262) 948-7331  
www.AuroraHealthCare.org

**Fax**

Date: 11-17-03

To: Sen. Carol Kosser

Company: \_\_\_\_\_

Fax Number: 608-266-0423

From: Rosemary Worth massage therapist/rehab side

C: State registered  
a College degree

Number of pages (including cover): 3

Help - I could easily lose my job -  
a job I've held for 13 yrs. if the WPTA restricts  
the activities of a rehab side. What they  
really need to do is to create 2 levels  
of rehab side 1) a state licensed/registered  
professional  
2) no degree or license

Thanks so much for your help in this area

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To Carol Kessler

For the last 13 yrs I have worked as a massage therapist / rehab aide in a large rehab dept. If patients come in with a script "Eval & treat & include modalities for \_\_\_" or if the Physical therapist includes massage in a patient's treatment program then I work with the patient under direct supervision of the therapist.

I just heard that the WPTA is changing the wording regarding the responsibilities of an aide; They are removing "therapeutic intervention" from pt aides. There are pt aides and there are pt aides who are state licensed / College degree.

The physical therapists I work with suggested the WPTA separate the two. Define 2 levels of pt aides. Those licensed / registered by the state in their profession & those who are not. Otherwise there goes my job.

Loismary Worth  
work ph 262 948 7045

suggest a  
2 levels of  
pt aide.

- 1) person who  
is licensed/  
registered by  
state in their  
profession  
(as in  
massage therapy  
&  
athletic training)
- 2) person who  
is not licensed

Suggested edits of PTACB Clearinghouse rule 03-020

PT 1.02 (6): "Physical therapy aide" means a person other than a physical therapist or physical therapist assistant who performs patient related tasks under the direct on-premises supervision of the physical therapist.

Note: This would be deleted from this section because the sentence doesn't really define the aide, but describes duties. Description of the duties fits better under Chapter PT 5, which delineates the duties of the physical therapist in providing direct supervision of the aide.

(7) Patient related tasks: Activities which do not require decision making or problem solving.

PT 5.02: Direct supervision of physical therapy aides. Physical therapy aides may perform provide patient related tasks under the direct on-premises supervision of a physical therapist. In providing direct supervision, the physical therapist shall do all of the following:

- (1) (2) Have primary responsibility for patient related tasks performed by the physical therapy aide.
- (2) (5) Be available at all times for consultation with the physical therapy aide.
- (3) (6) Observe and monitor those under direct supervision on a daily basis.
- (4) (7) Evaluate the effectiveness of patient related tasks performed by those under direct supervision on a daily basis by observing and monitoring patients for whom the tasks are performed. persons receiving such tasks.
- (5) (3) Determine the competence of each physical therapy aide based upon his or her education, training, and experience.
- (6) (1) Interpret referrals and perform initial patient examination, evaluation diagnosis, prognosis, and therapeutic intervention as defined in s. 448.50(6), Stats.
- (7) (8) (4) Delegate appropriate patient related tasks to the physical therapy aide consistent with the education training, and experience of the person supervised.
- (9) Limit the number of physical therapy aides providing patient related tasks under direct supervision to a number appropriate to the setting in which physical therapy is administered, to ensure that all patients under the care of the physical therapist receive services that are consistent with accepted standards of care and consistent with all other requirements under this chapter.
- (10) The total number of physical therapist assistants providing physical therapy services and physical therapy aides providing related tasks under supervision may not exceed a combined total of 4. This number shall be reduced by the number of physical therapists and physical therapist assistants holding temporary licenses who are being supervised under sub. PT 3.01 (6).

11/17/2003

## Contact Detail

---

**Feeney, John**

855 N Westhaven Dr

Oshkosh, WI 54904-7668

**Contact Date:** 11/17/2003

**Contact Type:** Phone Call

**Summary:** Opposed to CR 03-020 PT rule

**Issue:**

**Position:**

**Description:** The rule in its current form does not allow PT Aides to do many of the practices that they currently perform. I told him about the 11-24-03 public hearing that is scheduled.

**Status:** Pending

**Closed Date:**

**Assigned:** Halbur, Jennifer

**Owner:** Halbur, Jennifer

**Note**      **Note Date:**

**Summary:**

**Contact Type:**

**Description:**

**Halbur, Jennifer**

---

**From:** Seaquist, Sara  
**Sent:** Wednesday, November 19, 2003 5:05 PM  
**To:** Halbur, Jennifer  
**Subject:** FW: Aides/LAT use in clinics  
CR email...not a constituent

-----Original Message-----

**From:** Sharon Panske [mailto:spanske@new.rr.com]  
**Sent:** Wednesday, November 19, 2003 11:03 AM  
**To:** sen.roessler@legis.state.wi.us  
**Subject:** Aides/LAT use in clinics

Dear Senator Roessler~

I am a certified and licensed athletic trainer in the state of Wisconsin and have a huge concern for the proposed PT Aide language that sits before you. As a LAT this would reduce our opportunity for position in clinical settings thus making it more difficult to find a job. LAT's have a place in clinics we are trained in treating orthopaedic injuries and working with a physical therapist the patient will get better care and treatment.

By passing this language you will put more burden on physical therapists, and reduce the number of patients they can see, reducing the number of new patients that can be seen. Therefore patients in need of physical therapy have to wait longer to be seen, raise the cost of health care, when all the talk is of reducing the cost.

Please don't reduce my opportunities along with other LAT's in searching for new jobs. LAT's benefit patient care while not increasing health care cost, more patients will receive quality care.

Thank you for your time with this matter

Sharon Panske LAT  
Assistant Athletic Trainer  
University of Wisconsin Oshkosh

11/20/2003

NOV 21 2003

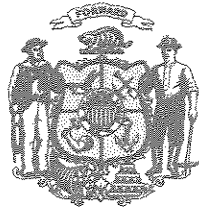
ROGER BRESKE

STATE SENATOR

12th District

Capitol Address:  
State Capitol, South Wing  
P.O. Box 7882  
Madison, WI 53707-7882  
(608) 266-2509

Toll Free:  
1 (800) 334-8773



Home Address:  
8800 Hwy. 29  
Eland, WI 54427  
(715) 454-6575

E-Mail Address:  
Sen.Breske@legis.state.wi.us

November 20, 2003

Senator Carol Roessler, Chairperson  
Senate Health Committee  
Room 8 South  
State Capitol Building  
**VIA INTER-DEPARTMENTAL MAIL**

RE: Clearinghouse Rule 03-020; relating to licensing of physical therapists and physical therapists assistants

Dear Senator Roessler:

I write on behalf of several License Athletic Trainers (LATs) in my district who have expressed their concerns with Clearinghouse Rule 03-020. I appreciate your consideration of my request.

It is my understanding that both the Senate and Assembly Health Committees referred CR 03-020 back to the Physical Therapists Affiliated Credentialing Board for further review and possible amending. According to the Wisconsin Athletic Trainers Association, a provision that would allow LATs to provide therapeutic intervention under the direction of a physician would preserve current practices and save many LAT jobs. Prohibiting these licensed health care providers from continuing to offer supervised assistance in a clinical setting only serves to reduce the therapy available in the community while potentially increasing health care costs. I urge you to insist on this small change to the current proposal before giving your approval.

Senator Carol Roessler, Chairperson  
Senate Health Committee  
November 20, 2003  
Page Two

Thank you for your consideration of my request. If you have any questions, please feel free to give me a call anytime.

Sincerely,



ROGER BRESKE  
State Senator, 12<sup>th</sup> District

RB/ekp

cc: Dick Grenell  
15163 Brook Lane  
Lakewood, Wisconsin 54138



Aurora Health Care

Aurora Rehabilitation Center  
10400 75th Street  
Kenosha, WI 53142

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**Fax**

Date: 11-20-03  
To: Sen. Carol Roessler  
Company: Wis State Senate  
Fax Number: 608-266-0423  
From: Rosemary Worth State Certified Massage  
C: PTACB Clearinghouse rule 03-020  
Therapist # 324-046  
Number of pages (including cover): 2

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TO: *Sen. Carol Loessler*  
FROM: Rosemary Worth  
DATE: November 20, 2003  
RE: PTACB Clearinghouse rule 03-020

As resident, tax payer and registered voter in Kenosha, WI, I would like to call your attention to proposed edits for the Physical Therapy Administrative Rules (clearinghouse rule 03-020) that are scheduled to be discussed on Monday November 24, 2003 in front of the senate health committee.

I strongly urge you to send the edits back to committee, for additional clarification (in particular PT 1.02 (6 - 7 and PT 5.02 (1) to (10)). The reason for this request is that the proposed edits would severely limit the duties of all current PT aides. Many PT aides have additional education and hold valid state licenses / certification in health care fields such as athletic training and massage therapy. These individuals provide appropriate patient care procedures that assist the physical therapist in providing quality patient care.

One option to clarify and delineate levels of support for the physical therapist would be to **create the position of PT Tech. The PT Tech would be an individual who holds a valid state license / certification in a recognized health profession** (such as a licensed athletic trainer or a massage therapist) and works under the direct on-site supervision of a licensed physical therapist. The PT Tech would perform appropriate patient care procedures as defined by their state certification / license. The onsite physical therapist would directly supervise the PT Tech.

Thank you for your consideration of this request and your support in this important issue.

*and especially thank you for being a supporter / sponsor of Massage Certification.*

*I have been a massage therapist for 19 1/2 yrs - the last 13 working in a rehab dept under the direct supervision of a physical therapist. Not all physical therapists do manual therapy - that's where I fit in.*

*Rosemary Worth, state cert massage*

## Froedtert Hospital

414-805-3000  
www.froedtert.com

### **Physical Therapists Affiliated Credentialing Board Clearinghouse Rule 03-020**

Proposed Clearinghouse Rule 03-020 was ordered by 2001 Wisconsin Act 70, related to the licensing of physical therapist and physical therapy assistants and granting rule-making authority. In addition to defining the scope of practice for physical therapists and physical therapy assistants as directed by the Act 70, the proposed rule also defines physical therapy aides and sets parameters on their practice.

#### **Background**

Currently, physical therapy aides are used to assist physical therapists with patient care in some instances. For example, a physical therapist may determine that an ultrasound is needed. He or she will determine the length, duration, location and frequency of the ultrasound. A trained physical therapy aide may then actually conduct the ultrasound. In another instance, a physical therapist may outline an exercise program for a patient. He or she would begin the program and an aide, under the direct supervision of the physical therapist, would complete the program with the patient. In all cases, the physical therapist is responsible for the actions of a physical therapy aide under his or her supervision. This model of delivering care has proven both successful and safe for patients.

#### **Concerns about the Proposed Rule**

The proposed rule would force unnecessary changes in this successful patient care model, adding costs and potentially contributing to a physical therapist shortage. As drafted, the proposed rule would significantly limit the therapeutic interventions a physical therapy aide could provide. An aide could no longer conduct the ultrasound or complete the exercise even when under the supervision of a physical therapist.

**These changes would limit physical therapists ability to appropriately use aides to improve efficiency and lower costs within their practice.**

**Appropriately trained physical therapy aides can and do assist with the delivery of high-quality patient care.**

#### **Suggested Modification**

We are requesting that the language be modified to allow physical therapy aides to continue to participate in therapeutic interventions under the direct supervision of physical therapists. Such a change could be achieved by eliminating the words "therapeutic intervention" in Section 5.02(1) of the proposed rule. This change would allow physical therapists and physical therapy aides to continue to deliver high-quality patient care in a cost-effective manner.

For more information, please contact Maureen McNally, Director of Government Relations, at 414-805-5284.

**Halbur, Jennifer**

---

**From:** Rita Kopca [rkopca@reinhardtlaw.com]  
**Sent:** Friday, November 21, 2003 2:22 PM  
**To:** 'Roessler, Carol'  
**Subject:** RE: Physical Therapy Clearinghouse Rule 03-020

I apologize for not including my address.

Rita Kopca, WCMT  
331 Parkway Court  
Port Washington, WI 53074

-----Original Message-----

**From:** Roessler, Carol [mailto:Carol.Roessler@legis.state.wi.us]  
**Sent:** Friday, November 21, 2003 2:20 PM  
**To:** Rita Kopca  
**Subject:** RE: Physical Therapy Clearinghouse Rule 03-020

Thank you for your email. Due to the volume of emails I am currently receiving, I ask that all emails contain a home mailing address. This ensures constituents receive the highest priority. Thank you for your assistance. I look forward to hearing from you.

Sincerely,

CAROL ROESSLER

State Senator

18th Senate District

-----Original Message-----

**From:** Rita Kopca [mailto:rkopca@reinhardtlaw.com]  
**Sent:** Friday, November 21, 2003 11:30 AM  
**To:** 'Sen.Roessler@legis.state.wi.us'  
**Subject:** Physical Therapy Clearinghouse Rule 03-020

Dear Senator ,

On behalf of the 1,446 members of the American Massage Therapy Association, Wisconsin Chapter I write to request your consideration of a modification to the physical therapy clearinghouse rule to come before your committee on Monday, November 24. As proposed, CR 03-020 would eliminate the jobs of a good number of members of our profession. CR 03-020 proposes to limit the performance of "therapeutic intervention", which includes massage therapy, to physical therapists. Currently therapeutic intervention is performed by many massage therapists, working as physical therapy aides in hospitals and rehabilitation clinics across the state.

The modification we request is that "physical therapy aides" be defined at two different levels:

- 1) Persons who are certified or licensed by the State in their profession (as in massage therapy or athletic training)
- 2) Persons who have no state credentials.

Wisconsin Certified Massage Therapists are certainly qualified to continue to do therapeutic intervention under the direct on-premises supervision of a physical therapist. State certification requirements include 600 hours of approved education, a national certification exam and a state jurisprudence exam.

Thank you for your consideration of this critical modification of CR 03-020.

Sincerely,  
Rita Kopca, WCMT  
ritastouch@webtv.net

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**Halbur, Jennifer**

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**From:** Kurtz, Hunter  
**Sent:** Friday, November 21, 2003 2:21 PM  
**To:** Halbur, Jennifer  
**Subject:** FW: Physical Therapy Clearinghouse Rule 03-

CR inbox not const.

-----Original Message-----

**From:** Center for Deep Tissue Massage Therapy [mailto:cdtmt@centurytel.net]  
**Sent:** Friday, November 21, 2003 12:30 PM  
**To:** Sen.Roessler@legis.state.wi.us  
**Subject:** Physical Therapy Clearinghouse Rule 03-020

Carol Roessler, Chair of the Senate Health Committee

November 21, 2003

**RE: Physical Therapy Clearinghouse Rule 03-020**

Dear Senator Roessler,

A one of the 1,446 members of the American Massage Therapy Association, Wisconsin Chapter, and a Wisconsin Certified Massage Therapist, I write to request your consideration of a modification to the physical therapy clearinghouse rule to come before your committee on Monday, November 24. As proposed, CR 03-020 would eliminate the jobs of a good number of members of our profession. CR 03-020 proposes to limit the performance of "therapeutic intervention", which includes massage therapy, to physical therapists. Currently therapeutic intervention is performed by many massage therapists, working as physical therapy aides in hospitals and rehabilitation clinics across the state.

The modification we request is that "physical therapy aides" be defined at two different levels:

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Wisconsin Certified Massage Therapists are certainly qualified to continue to do therapeutic intervention under the direct on-premises supervision of a physical therapist. State certification requirements include 600 hours of approved education, a national certification exam and a state jurisprudence exam.

Thank you for your consideration of this critical modification of CR 03-020.

Sincerely,

Robert Myran, CMT.  
Heartful Hands Therapeutic Massage  
S4709 County Road S  
Viroqua, WI 54665-8102  
608/637-7949

11/24/2003

**Halbur, Jennifer**

---

**From:** Storbakken, Donna [dstorbakken@mhsjvl.org]  
**Sent:** Friday, November 21, 2003 11:58 AM  
**To:** 'sen.roessler@legis.state.wi.us'; 'sen.robson@legis.state.wi.us';  
'kelley.flury@legis.state.wi.us'; 'justin.sargent@legis.state.wi.us';  
'kathy.soderbloom@legis.state.wi.us'; 'greg.underheim@legis.state.wi.us';  
'jennifer.halbur@legis.state.wi.us'  
**Subject:** REVISION OF PHYSICAL THERAPY PRACTICE ACT

As a practicing Physical Therapist for the past 18 years, I strongly encourage consideration of the position of various sports medicine programs including Aurora health care, in being allowed the opportunity to have input into the language which we all will be held accountable for.

The recently proposed version submitted by the WPTA will substantially impact the ability of sports medicine programs to continue to provide service to schools and communities by limiting what licensed athletic trainers can do in a clinic. Under current practice, the PT serves as the director of the plan of care and is directly supervising/responsible for the care provided. This is a system that works. Athletic trainers are degreed/licensed individuals who have the ability to practice independently in other settings. Their knowledge level and expertise work well to serve a section of our patient population.

Please consider the most recent compromise language in the revision of the PT practice act. All of my staff in outpatient PT within Mercy Health System have voiced agreement of the above.

Thank you,  
Donna Storbakken PT  
Director of PT/Sports Medicine  
Mercy Health System  
dstorbakken@mhsjvl.org

## Halbur, Jennifer

---

**From:** Kurtz, Hunter  
**Sent:** Friday, November 21, 2003 2:11 PM  
**To:** Halbur, Jennifer  
**Subject:** FW: REVISION OF PHYSICAL THERAPY PRACTICE ACT

-----Original Message-----

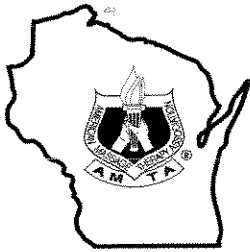
From: Storbakken, Donna [mailto:dstorbakken@mhsjvl.org]  
Sent: Friday, November 21, 2003 11:58 AM  
To: 'sen.roessler@legis.state.wi.us'; 'sen.robson@legis.state.wi.us';  
'kelley.flury@legis.state.wi.us'; 'justin.sargent@legis.state.wi.us';  
'kathy.soderbloom@legis.state.wi.us';  
'greg.underheim@legis.state.wi.us'; 'jennifer.halbur@legis.state.wi.us'  
Subject: REVISION OF PHYSICAL THERAPY PRACTICE ACT

As a practicing Physical Therapist for the past 18 years, I strongly encourage consideration of the position of various sports medicine programs including Aurora health care, in being allowed the opportunity to have input into the language which we all will be held accountable for.

The recently proposed version submitted by the WPTA will substantially impact the ability of sports medicine programs to continue to provide service to schools and communities by limiting what licensed athletic trainers can do in a clinic. Under current practice, the PT serves as the director of the plan of care and is directly supervising/responsible for the care provided. This is a system that works. Athletic trainers are degreed/licensed individuals who have the ability to practice independently in other settings. Their knowledge level and expertise work well to serve a section of our patient population.

Please consider the most recent compromise language in the revision of the PT practice act. All of my staff in outpatient PT within Mercy Health System have voiced agreement of the above.

Thank you,  
Donna Storbakken PT  
Director of PT/Sports Medicine  
Mercy Health System  
dstorbakken@mhsjvl.org



*American Massage Therapy Association  
Wisconsin Chapter*

Voice Mail 414-299-9201

*"Promoting Wellness Through Massage"*

NOV 21 2003

November 19, 2003

Senator Carol Roessler  
PO Box 7882  
Madison, WI 53707-7882

**RE: Physical Therapy Clearinghouse Rule 03-020**

Dear Senator Roessler,

Thank you once again for your support of our profession via your authorship of our massage therapy bill, SB 413, which became 2001 Wisconsin Act 74. Among other things, it upgraded our regulatory status from registration to certification, raised educational requirements from 500 to 600 hours and provided for an Advisory Council, to be appointed by the Governor.

On behalf of the 1,446 members of the American Massage Therapy Association, Wisconsin Chapter I write to request your consideration of a modification to the physical therapy clearinghouse rule to come before your committee on Monday, November 24. **As proposed, CR 03-020 would eliminate the jobs of a good number of members of our profession.** CR 03-020 proposes to limit the performance of "therapeutic intervention", which includes massage therapy, to physical therapists. Currently therapeutic intervention is performed by many massage therapists, working as physical therapy aides in hospitals and rehabilitation clinics across the state.


The modification we request is that "physical therapy aides" be defined at two different levels:

- 1) Persons who are certified or licensed by the State in their profession (as in massage therapy or athletic training)
- 2) Persons who have no state credentials.

Wisconsin Certified Massage Therapists are certainly qualified to continue to do therapeutic intervention under the direct on-premises supervision of a physical therapist. State certification requirements include 600 hours of approved education, a national certification exam and a state jurisprudence exam.

Thank you for your consideration of this critical modification of CR 03-020.

Sincerely,

  
Betsy Krizeneksky, WCMT  
President, AMTA-WI Chapter

111 E. North Water St., Neenah, WI 54956  
920-725-0224 Krizeneksky@aol.com

**Aurora Health Care**

Aurora Rehabilitation Center  
10400 75th Street  
Kenosha, WI 53142

T (262) 948-7045  
F (262) 948-7331  
[www.AuroraHealthCare.org](http://www.AuroraHealthCare.org)

**Fax**

Date:

11-21-03

To:

Sen. Carol Roessler

Company:

Fax Number:

608-266-0423

From:

Dr. Joe Pankner, 2 nurses + 2 Physician assistants

C:

PTACB Clearinghouse Rule 03-020

Number of pages (including cover):

6

CONFIDENTIALITY NOTICE: This facsimile may contain confidential and privileged information. Patient health information is confidential and released according to Wisconsin Statutes and Federal Regulations. Patient health information may not be redisclosed without further written authorization by the patient.

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IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE PHONE US IMMEDIATELY. THANK YOU.

November 21, 2003

To: Wisconsin State Senate Health Committee

Re: Modification of PTACB Clearinghouse Rule 03-020 hearing to be held  
Monday, November 24, 2003 at 10:00 a.m.

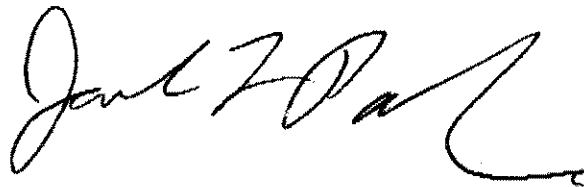
I am a medical doctor who believes and have seen the many benefits of rehabilitative therapy. The clinic that many of my patients attend employs athletic trainers and massage therapists.

My patients report to me how satisfied and well cared for they feel during their therapy. I support the option of having two levels of support for the physical therapists:

1<sup>st</sup> Level: An individual who holds a valid state license / state certification and who works directly under the supervision of a physical therapist.

2<sup>nd</sup> Level: An individual who does not have a state license / state certification.

Thank you for your consideration to modify and clarify PTACB  
Clearinghouse Rule 03-020.



J. L. PASANEN, M.D.  
General Practice - Family Practice  
7540 - 22nd Avenue  
Kenosha, WI 53143  
(414) 656-7800

November 21, 2003

To: Wisconsin State Senate Health Committee

Re: Modification of PTACB Clearinghouse Rule 03-020 hearing to be held  
Monday, November 24, 2003 at 10:00 a.m.

*physician assistant*  
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certification and who works directly under the supervision of a  
physical therapist.

2<sup>nd</sup> Level: An individual who does not have a state license / state  
certification.

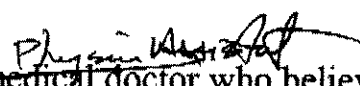
Thank you for your consideration to modify and clarify PTACB  
Clearinghouse Rule 03-020.

*Kristine E Murphy PSE*  
WI #1113-023

November 21, 2003

To: Wisconsin State Senate Health Committee

Re: Modification of PTACB Clearinghouse Rule 03-020 hearing to be held  
Monday, November 24, 2003 at 10:00 a.m.

  
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Thank you for your consideration to modify and clarify PTACB  
Clearinghouse Rule 03-020.

 PAC

TO:  
FROM:  
DATE: November 20, 2003  
RE: PTACB Clearinghouse rule 03-020

As resident, tax payer and registered voter in Kenosha, WI, I would like to call your attention to proposed edits for the Physical Therapy Administrative Rules (clearinghouse rule 03-020) that are scheduled to be discussed on Monday November 24, 2003 in front of the senate health committee.

I strongly urge you to send the edits back to committee, for additional clarification (in particular PT 1.02 (6 – 7 and PT 5.02 (1) to (10)). The reason for this request is that the proposed edits would severely limit the duties of all current PT aides. Many PT aides have additional education and hold valid state licenses / certification in health care fields such as athletic training and massage therapy. These individuals provide appropriate patient care procedures that assist the physical therapist in providing quality patient care.

One option to clarify and delineate levels of support for the physical therapist would be to **create the position of PT Tech. The PT Tech would be an individual who holds a valid state license / certification in a recognized health profession** (such as a licensed athletic trainer or a massage therapist) and works under the direct on-site supervision of a licensed physical therapist. The PT Tech would perform appropriate patient care procedures as defined by their state certification / license. The onsite physical therapist would directly supervise the PT Tech.

Thank you for your consideration of this request and your support in this important issue.

*Margaret A. Sepanski, LPT*

*Kenosha, WI*

TO:  
FROM:  
DATE: November 20, 2003  
RE: PTACB Clearinghouse rule 03-020

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Thank you for your consideration of this request and your support in this important issue.

*Barbara J. Piskunoff LPN*



VLAD I. THOMAS, CNMT

ST. JOHN NEUROMUSCULAR THERAPY

910 W. WALWORTH AVENUE  
WHITEWATER, WI 53190  
(262) 473-1083  
fax (262) 473-1027

1 of 2

To: Senator Carol Roessler  
fax 608-266-0423

From: Vlad Thomas

Subject: Physical Therapy Clearinghouse  
Rule CR 03-020

Dear Senator Roessler: Please  
see my attached letter to  
Senator Rabson regarding  
Physical Therapy Clearinghouse  
Rule CR 03-020



VLAD I. THOMAS, CNMT

ST. JOHN NEUROMUSCULAR THERAPY

910 W. WALWORTH AVENUE  
WHITEWATER, WI 53190

(262) 473-1083

fax (262) 473-1027

2 of 2

fax: 608-267-5171

Dear Senator Robson:

As one of your constituents and also as a member of the Wisconsin Chapter of the American Massage Therapy Association, I am writing in regard to the physical therapy clearinghouse rule CR 03-020.

It would limit the performance of "therapeutic intervention" to physical therapists. This change would end the current practice of including massage therapists.

Wisconsin Certified Massage Therapists have met a 600 hundred hour education requirement, passed the national certification exam for massage therapists and bodyworkers, and passed a state jurisprudence exam. Surely they are qualified to work under the guidance of physical therapists!

I recommend that the label "physical therapy aides" include massage therapists meeting state standards.

Sincerely,  
Vlad Thomas, Wis. Certified MT, no. 100-046

CC Senator Carol Roessler fax: 608.266.0423  
Chair, Senate Health Committee



**Aurora Medical Center**

10400 75th Street  
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November 20, 2003

Dear Senators,

I am writing this letter on the behalf of trainers, in regards to their role in outpatient therapy under the direct supervision of a physical therapist. Being a family practitioner and a sports medicine physician, I have worked side by side with trainers in the clinic and at various sporting events. (For example: triathlons, wrestling meets, high school and semi-pro football games) In my vast experience, trainers have provided excellent care to all types of patients. Eliminating their ability to provide therapeutic intervention will not only create a paucity of ancillary help, but ultimately will be detrimental to patient care by limiting patient access to rehabilitative health care.

The trainers that under direct supervision participate at the Aurora Medical Group of Kenosha are fully trained and are all certified. In fact, all of the trainers either have masters or bachelor of sciences degrees. Working closely in the clinic and in the field, I can say with first hand knowledge that these individuals are very well knowledgeable and fully capable to provide care in the outpatient setting. Therefore, a decision against using trainers as aides for patient care under direct supervision will be detrimental to your constituents.

Please feel free to contact me for any further information at 262-948-6839. I thank you for your time and effort in this matter.

Sincerely,

Gregory Rocco, MD  
Board Certified Family Physician  
Board Certified Sports Medicine Physician  
Director of Aurora Medical Group at Kenosha-Sports Medicine Division